

471-000-515 NEBRASKA MEDICAID PERSONAL ASSISTANCE SERVICES RATE LISTING

The following fee schedule is used to determine payment rates for Personal Assistance Services provided on or after July 1, 2010:

N-FOCUS CODE	DESCRIPTION	MEDICAID ALLOWABLE
4475	Basic Personal Assistance	\$1.97 per 15-minute unit (\$7.88/hour*)
4475	Specialized Personal Assistance	\$2.41 per 15-minute unit (\$9.64/hour*)

**Hour rates are approximate and may vary due to rounding.*

NOTE:

- Personal assistance services must be provided in accordance with an individualized plan of services.
- Personal assistance services cannot be reimbursed if they are provided to an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD.
- Personal assistance services codes cannot be used to identify services provided by a home health aide or certified nurse assistant.

The following fee schedule is used to determine payment rates for Adult Day Services providers effective July 1, 2010:

Center-Based Adult Day Add-On Services

MMIS CODE	DESCRIPTION	MEDICAID ALLOWABLE
S5105 TD	RN service in Adult Day Service center setting**	\$11.71 per day unit
S5105	Aide service in Adult Day Service center setting**	\$7.30 per day unit

***Bill only when service is not included in Adult Day Service per diem rate.*